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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Summary report on the high-level panel discussion on the identification of good practices in combating female genital mutilation

Report of the Office of the United Nations High Commissioner for Human Rights

Summary

Pursuant to Human Rights Council decision 24/117, on 16 June 2014, a high-level panel discussion was held on the identification of good practices in combating female genital mutilation, the progress made and challenges and obstacles encountered in the effort to combat this practice, as well as of the initiatives undertaken at the national, regional and international levels with a view to its eradication. The discussion, which was opened by the United Nations High Commissioner for Human Rights, also involved representatives of States, non-governmental organizations and national human rights institutions.

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I. Introduction

1. In its decision 24/117, the Human Rights Council decided to organize a high-level panel discussion at its twenty-sixth session on the identification of good practices in combating female genital mutilations so that an exchange of views could be held on the progress made, good practices and challenges and obstacles encountered in the effort to combat this practice, as well as the initiatives undertaken at the national, regional and international levels with a view to its eradication.

2. The high-level panel discussion was held on 16 June 2014. The panel was composed of the First Lady of Burkina Faso, Chantal Compaoré; the President of the Inter-African Committee on traditional practices affecting the health of women and children, Mariam Lamizana; the Coordinator of the United Nations Population Fund (UNFPA)/United Nations Children's Fund (UNICEF) Joint Programme on Female Genital Mutilation/Cutting, Nafissatou J. Diop; the Vice-Chairperson of the Committee on the Rights of the Child, Hiranthi Wijemanne; the Policy Director of the Department for International Development of the United Kingdom, Liz Ditchburn; and the Director of the Department of Reproductive Health Research of the World Health Organization (WHO), Marleen Temmerman. The panel was chaired by Ambassador and Permanent Representative of Togo to the United Nations at Geneva, Nakpa Polo.

3. In its decision 24/117, the Human Rights Council also called upon the Office of the United Nations High Commissioner for Human Rights (OHCHR) to prepare a summary report on the high-level panel discussion. The present report is submitted pursuant to that request.

II. Statement by the United Nations High Commissioner for Human Rights

4. In her opening remarks, the United Nations High Commissioner for Human Rights pointed out that female genital mutilation was a form of gender-based discrimination and violence; a harmful and degrading practice that infringed on the rights of women and girls to physical and mental integrity, the rights to the highest attainable standard of health, including sexual and reproductive health, the right to freedom from torture and other cruel, inhuman and degrading treatment and, when it resulted in death, the right to life. Furthermore, because it was almost always practiced on young children, female genital mutilation was also a violation of the rights of the child.

5. The High Commissioner noted that as many as 30 million girls were at risk of undergoing this practice in the next decade, if current trends persisted. She stated that female genital mutilation had no health benefits and was rather a way to exercise control over women and to perpetuate harmful gender roles. The practice was in fact traditionally considered necessary in order to raise a girl with characteristics of a "proper" wife, given that female genital mutilation was believed to preserve virginity or to restrain sexual desire. The High Commissioner highlighted the fact that economic factors also played a significant role, given that the families of girls who had been mutilated often received a higher bride price.

6. The High Commissioner highlighted some of the steps taken at the national, regional and international levels to combat female genital mutilation, in particular General Assembly resolution 67/146 on intensifying global efforts for the elimination of female genital mutilations, Human Rights Council decision 24/117, by which the Council decided to organize the high-level panel discussion, the work of the Commission on the Status of

Women and regional declarations and protocols. These were encouraging signs of the international community's increased commitment to ending this harmful practice. At the national level, several States had adopted legislation and policies to address female genital mutilation, which had been accompanied by more culturally sensitive education and awareness-raising initiatives.

7. The High Commissioner pointed out that the global prevalence of female genital mutilation had declined by five per cent between 2005 and 2010, and that, based on the current annual decrease of 1 per cent, the target of reducing its prevalence by half would not be achieved until 2074. Sixty years was too long to wait. The High Commissioner therefore called for concerted efforts by national and international stakeholders to address female genital mutilation with urgency, adding that, once freed of the terrible pain and trauma that such practices cause, girls and women were more able to develop their talents and use their skills, and economic, social and political development could surge forward.

III. Panel presentations and discussions

8. Chantal Compaoré stated that, aided by awareness-raising campaigns and dissuasion measures, the prevalence rate for female genital mutilation had declined at varying rates in all countries. Specifically, in Burkina Faso, in the past 20 years, the prevalence rate had declined from 20 per cent for children up to 10 years of age to 13.3 per cent for children up to 14 years. In the light of the success of awareness-raising and publicity campaigns, it was important to continue to support them and for Governments to adopt a zero-tolerance policy of female genital mutilation. Some 130 to 140 million girls and women worldwide had been subjected to female genital mutilation. Ms. Compaoré highlighted some of the root causes of the practice, including cultural and social acceptance of circumcision. In certain settings, the clitoris was considered an unhealthy organ, and its excision was thought to be a way to preserve the virginity of young girls and to ensure fidelity after marriage. Female genital mutilation was therefore a tool for controlling women's sexuality. Girls who were not "cut" were often perceived as carrying a disease. The practice was continued owing to fear of social exclusion and discrimination.

9. In order to combat the practice, it was necessary to establish institutional frameworks. Ms. Compaoré pointed out that, in her three decades of work on the issue, a number of policies had proven to be effective in combating the practice, including such institutional arrangements as committees, associations and adolescent networks, as well as efforts to bring together religious leaders and the introduction of female genital mutilation modules to the educational system. It was ultimately important to ensure support for girls who had already been subjected to genital mutilation in order to restore their sense of dignity. Advocacy through high-level meetings had ensured that female genital mutilation was part of the international agenda.

10. Hiranthi Wijemanne stated that, from the perspective of children's rights, there should be zero tolerance for female genital mutilation, which was a discriminatory practice that almost always targeted girls and denied their rights to freedom from violence and abuse, besides being a violation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

11. Ms. Wijemanne pointed out that the Committee on the Rights of the Child had advocated for the practice to be abandoned, because it affected the right to health of girls and was often a prerequisite for forced marriage. Unfortunately, there were still gaps in both law and practice. She called for changes in legislation to be accompanied by access to services and legal literacy programmes, the establishment of an enabling environment for laws to be enforced, and a coordinated approach that also addressed the issues of gender

equality and non-discrimination. She expressed concern at the trend towards the medicalization of female genital mutilation, and called upon States to ensure that health officials observed legislation and imposed adequate penalties for those who failed to comply. She recommended the use of confidential reporting mechanisms and education for girls.

12. Mariam Lamizana discussed the role of regional mechanisms in efforts to combat female genital mutilation. She stated that, in addition to communities in the 29 countries with the highest prevalence rates, it was also important to include immigrant populations throughout the world. It was difficult for communities that practiced female genital mutilation to renounce the practice, even when they disagreed with it.

13. Ms. Lamizana stressed that, given that these practices are conducted without regard for borders, there was a need for cross-border and regional approaches, in particular awareness-raising and regional networks of religious leaders. The involvement of young people and communities as well as public statements or ceremonies where "cutters" handed over their knives was also important. She recalled the important role that civil society organizations had played in combating the practice across the world, and in particular in Africa. She recommended that legal provisions be accompanied by implementation monitoring integrated into development policies and regional and international strategies. Lastly, she stated that Governments and communities would benefit from the dissemination and sharing of prior experiences and effective strategies for combating the practice.

14. Liz Ditchburn highlighted the efforts made by the Government of the United Kingdom of Great Britain and Northern Ireland to address female genital mutilation in both British and international forums. The first step was to acknowledge that diaspora communities in the United Kingdom were at risk and to understand their relations with their countries of origin. In the United Kingdom, the Government was currently making efforts to obtain more accurate data on the prevalence of female genital mutilation in the country. Comprehensive action, including prevention, was a fundamental part of combating the practice. A wide range of professionals, including health and child protection officials, should be informed of the risks and provided with guidance and tools to facilitate their work. Also important were legislative frameworks and prosecutions, and appropriate support services for those affected. The media also played a critical role in raising awareness, as was community-led information. She reported that, in the United Kingdom, the mainstream national media were increasingly interested in the issue and had started to raise awareness of this problem, which had inspired non-governmental and civil society organizations to lead the way in combating the practice. At the international level, the Department for International Development was funding international efforts, including the UNFPA/UNICEF Joint Programme. Ms. Ditchburn called for more research into mechanisms and successful strategies for addressing the practice. Lastly, she informed participants that the Government of the United Kingdom together with UNICEF would host a "girls' summit" in London in July 2014. It was hoped that the summit would build on global efforts, in particular the Africa-led efforts, to increase momentum and foster further efforts to end the practice within a generation. Participants in the summit would also discuss the issue of child and forced marriage.

15. Marleen Temmerman stated that female genital mutilation was a violation of the human rights of girls and women, and had serious implications for their health. WHO supported efforts to eradicate the practice through research into prevention and good practices, and promoted cooperation between ministries of health. She cited several examples of good interventions, in countries such as Burkina Faso, Kenya and Egypt. WHO was also working on the development of a clinical atlas to assist in correct identification of female genital mutilation. Ms. Temmerman emphasized the need for a comprehensive response to female genital mutilation and for combining efforts to prevent

the practice, with care and support for women and girls who had already undergone the procedure. In this regard, she highlighted that WHO was developing guidelines for medical staff on different types of genital mutilation and their management, and in particular the management of acute and chronic complications. It was also encouraging the inclusion of female genital mutilation in the curriculum of all health-care service providers.

16. Ms. Temmerman pointed out that, in many contexts, parents put pressure on their doctors to perform genital mutilation on their daughters in order to avoid risks to their health. She stated that 18 per cent of all mutilations were performed by medical practitioners, and that this number was on the increase. It was thus critical to have guidelines that would enable doctors to refuse to perform female genital mutilation by showing that it was a violation of a girl's rights. She recommended that States strengthen monitoring and accountability, routinely collect data on the practice. She also recommended the creation of supportive legislative and regulatory frameworks. Lastly, Ms. Temmerman highlighted the importance of ensuring that legal action was part of a broader set of initiatives that included the empowerment of practising communities to abandon the practice. To this end, there was a need to work with schools, the media and parliaments.

17. Nafissatou J. Diop reported on the work of the UNFPA/UNICEF Joint Programme on Female Genital Mutilation/Cutting, which was launched in 2008 with the goal of accelerating the abandonment of the practice of female genital mutilation and cutting in one generation. The Programme, which was based on human rights and had a cultural-sensitive approach to addressing the issue, had assisted and supported Governments and civil society in 15 countries in addressing female genital mutilation in a coordinated and comprehensive manner. It had succeeded in changing its perception from that of a cultural tradition to one of a harmful practice that violated the rights of the girl concerned. Following intensive education and community dialogue sessions, the Programme encouraged public declarations by communities as a means to express their commitment to abandon female genital mutilation. Ms. Diop gave examples from Kenya and the Sudan. In the case of the latter country, she reported on the Saleema programme (subsequently been extended to Somalia and Egypt), which promoted positive values associated with women in their natural God-given form. *Saleema* in Arabic in fact means "whole, healthy in body and mind, unharmed, in a God-given condition and perfect". The first key objective of the initiative was to model and popularize the use of the word *saleema* itself as a positive term to describe uncut girls and women. Other programmes in Ethiopia and Senegal had used community empowerment and dialogue strategies to stimulate a widespread grass-roots discussion on how certain cultural practices did not uphold human rights.

18. The Programme had reached some 12,000 communities and more than 10 million people, who had publically declared that they had abandoned the practice of female genital mutilation. It had supported the enactment and enforcement of laws in Kenya, Uganda and Guinea-Bissau. Moving forward, the international community should continue to strengthen and expand the network of support to end female genital mutilation. Ms. Diop also shared the results of an independent evaluation of the Programme. The evaluators had found that the Programme had been relevant with regard to existing national and international commitments of national Governments to abandon female genital mutilation/cutting in programming countries.

IV. Interventions and responses by representatives of States, non-governmental organizations and national human rights institutions

19. In the ensuing discussion, there was widespread agreement that that female genital mutilation constituted a serious violation of women's and girls' human rights and could not be justified by any cultural or religious reason. It was acknowledged that the practice was a challenging issue to address, because it varied across cultures and countries, and the reasons for practicing it diverse. It did have, however, common underlying factors, in particular gender discrimination and gender stereotypes. Speakers agreed that, as a result of the concerted efforts of several stakeholders, a decrease had been seen in the prevalence of female genital mutilation. It was important to ensure that the practice continue to decrease; for that reason, States had to take steps in accordance with international human rights standards. A number of speakers referred to legislation criminalizing the practice. In addition, it was important to raise awareness of the fact that female genital mutilation was a violation of women's and girls' rights with no health benefits, but rather serious health consequences. Incorporating the issue of female genital mutilation into policies and initiatives to combat gender-based violence was also important to decrease the prevalence of the practice.

20. The role of the media was also particularly important, as was the need for information and educational programmes. Speakers agreed that action should be taken at multiple levels; specifically, efforts should be community based, focused on behavioural change and community action, and involve traditional and religious leaders. The training of "cutters" to engage in other income-generating programmes was also an important strategy that should be pursued.

21. A number of State representatives provided examples of good practices in several areas, including national and regional legislation criminalizing the practice, plans of action, national campaigns that involved community leaders, including migrant communities, as well as efforts to promote access to justice for women and girl victims of female genital mutilation. With regard to resource mobilization and international support, several speakers referred to bilateral support in addition to the financing of programmes by United Nations agencies. Speakers provided examples of good practices in combating the practice among migrant and refugee communities, such as specialized units in the police force, inclusion of the issue of female genital mutilation in family violence programmes, raising awareness in migrant communities, support for specialized organizations, and the adoption of targeted plans of action. The important contribution made by civil society organizations and United Nations agencies and entities in combating the practice was repeatedly highlighted and welcomed by speakers.

V. Concluding remarks

22. **In their concluding remarks, the panellists welcomed the consensus among States concerning the need to eliminate female genital mutilation and on the action required to address it.**

23. **Panellists made several recommendations. At the national level, they recommended a greater focus on education for young people on female genital mutilation; broader dissemination of international human rights instruments; the development of national plans of action based on multi-sectoral approaches; support from communities and local role models in advocacy campaigns; and the involvement of men and boys. Furthermore, it was also important to focus on regional and national**

networks to address the practice. Regional research into the effects of campaigns and other initiatives against female genital mutilation was needed. Panellists also proposed that synergies should be established between international and regional organizations to ensure better support for field programmes and to strengthen advocacy, as well as to ensure international support for long-term planning and strategies. It was also recommended that the issue should remain on the political and development agenda, including the post-2015 development agenda, and that the international community should adequately address the needs of the millions of women and girls with new and chronic medical conditions as a consequence of female genital mutilation. Working towards ending the medicalization of the procedure was also recommended. A call was also made for relevant human rights treaty bodies to integrate female genital mutilation into their concluding observations and recommendations to State parties and for the issue to remain on the agenda of the Human Rights Council.

24. The role played by civil society and non-governmental organizations was deemed to be critical. One panellist highlighted the results of an external assessment conducted in 2013 of the 15 countries supported by the UNFPA/UNICEF Joint Programme. National policy and legislation had been adopted in 12 out of the 15 countries, and civil society and community-led interventions had led to public commitments to abandon the practice. Clear changes had taken place in the 15 countries with the support of the Programme. Lastly, panellists expressed their confidence that further progress would be made.